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Tel: (856) 810-1515

Fax: (856) 810-1454

E-Mail: JMLicata@licataandtyrrell.com

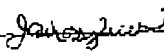
March 16, 2004

**GROUP: 1635****FAX NUMBER: 1-703-872-9306****ATTORNEY DOCKET NO.: ISPH-0766****SERIAL NO.: 10/655,847****FILED: September 5, 2003****NUMBER OF PAGES: 8**  
(including this sheet)**MESSAGE:** Attached is an Amendment Transmittal Letter (in duplicate)  
and a Preliminary Amendment.**URGENT! PLEASE DELIVER IMMEDIATELY UPON RECEIPT. THANK YOU!**

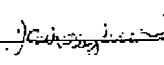
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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>			Docket No. ISPH-0766
Applicant(s): Gaarde et al.			
Serial No. 10/655,847	Filing Date September 5, 2003	Examiner Not yet assigned	Group Art Unit 1635
Invention: ANTISENSE MODULATION OF PPAR-delta EXPRESSION			
<u>TO THE COMMISSIONER FOR PATENTS:</u>			
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.			
<b>CLAIMS AS AMENDED</b>			
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT
TOTAL CLAIMS	11 -	20 =	0 x
INDEP. CLAIMS	2 -	3 =	0 x
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>			\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>			<b>\$0.00</b>
 <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.			
  _____ Signature		Dated: March 16, 2004	
Jane Massey Licata Reg. No. 32,257 Licata & Tyrrell P.C. 66 E. Main Street Marlton, NJ 08053 Tel: 856-810-1515 Fax: 856-810-1454		<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">I certify that this document and fee is being deposited on with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">Signature of Person Mailing Correspondence</div> <div style="border: 1px solid black; padding: 5px;">Typed or Printed Name of Person Mailing Correspondence</div>	
cc:			

P11LARGE/REV08

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<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	11 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 <div style="margin-left: 20px;"><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div></div><div style="text-align: right;">Dated: March 16, 2004</div></div> <div style="margin-top: 20px;"><div style="display: flex; justify-content: space-between;"><div> _____ Signature  Jane Massey Licata Reg. No. 32,257 Licata &amp; Tyrrell P.C. 66 E. Main Street Marlton, NJ 08053 Tel: 856-810-1515 Fax: 856-810-1454</div><div style="border: 1px solid black; padding: 5px; width: 40%; text-align: center;"><p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><hr/><p>Signature of Person Mailing Correspondence</p><hr/><p>Typed or Printed Name of Person Mailing Correspondence</p></div></div></div>					
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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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MAR 16 2004

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Attorney Docket No.: ISPH-0766  
Inventors: Gaarde et al.  
Serial No.: 10/655,847  
Filing Date: September 5, 2003  
Examiner: Not yet assigned  
Group Art Unit: 1635  
Title: Antisense Modulation of PPAR-delta  
Expression

## Certificate of Facsimile Transmission

I hereby certify that this paper is being facsimile  
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the date shown below.

On March 16, 2004

Jane Massey  
Jane Massey Licata Registration No. 32,257

Commissioner for Patents  
Washington, DC 20231

Preliminary Amendment

Claims 1-11 are pending in this application. Please enter  
the following amendments and remarks into the record.

The **Amendments to the Claims** are reflected in the listing of  
claims which begins on page 2.

**Remarks** begin on page 4.